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GARDEN CITY, NY 11530 02/10/2009 INTEFSU 00002308 10764892			(Depositor's name) (Signature)		
01 FC:1501			VENTOR ATTORNEY DOCKET NO. CONFIRMATION NO.		
03 FL APPLICATION NO. 3. (1) UH FILING DATE		FIRST NAMED INVEN	OR	ATTORNEY DOCKET NO.	
10/764,892 01/26/2004 Tsutomu Okada 17376 9699 TITLE OF INVENTION: DIATHERMIC SNARE, MEDICAL INSTRUMENT SYSTEM USING THE SNARE, AND METHOD OF ASSEMBLING THE MEDICAL INSTRUMENT SYSTEM					
APPLN. TYPE SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSUI	E PEE TOTAL FEE(S) DL	DATE DUE
nonprovisional NO	\$1510	\$300	\$0	\$1810	03/02/2009
EXAMINER	ART UNIT	CLASS-SUBCLASS			
KASZTEJNA, MATTHEW JOHN.	3739	600-104000			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFK 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) OLYMPUS CORPORATION TOKYO, JAPAN					
Please check the appropriate assignee category or	categories (will not be p	rinted on the patent):	☐ Individual C	orporation or other private	group entity Government
4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies		 ib. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (901) (enclose an extra copy of this form). 			
5. Change in Entity Status (from status indicate a. Applicant claims SMALL ENTITY stat	us. See 37 CFR 1.27.	b. Applicant is n	longer claiming SMA	LL ENTITY status. Sec 37	CFR 1.27(g)(2).
NOTE: The Issue Fee and Publication Fee (if rec interest as shown by the records of the United St		k Office.		0 0000	
Authorized Signature /Thomas Spinelli/ Thomas Spinelli		Date February 9, 2009 Registration No. 39,533			
I voed or printed name		Registration No.			
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.					